

Union Oil Company of California
Chicago Refinery
Lemont, Illinois 60439
Telephone (312) 257-7761

ENV 154-80

61
UNIM 76 M CERTIFIED MAIL
RETURN RECEIPT REQUESTED

US EPA RECORDS CENTER REGION 5



Ron Runge
Manager, Chicago Refinery

November 17, 1980

U.S. EPA - Region V
RCRA Activities
P.O. Box 7861
Chicago, Illinois 60680

Gentlemen:

Please find attached a completed form for "Part A - RCRA Permit Application", as required by Section 3005 of the Resource Conservation and Recovery Act, for Chicago Refinery.

Several sections of the RCRA regulations are unclear and confusing. In recognizing this problem, EPA has promised technical amendments as well as regulatory interpretive memoranda (RIMS). Unfortunately, there have been no amendments or RIMS published in the Federal Register to date. In the absence of official guidance from EPA, and with the November 19, 1980 deadline quickly approaching for Part A interim status application, Union Oil Company has made what we consider to be reasonable and technically sound interpretations consistent with our understanding of the spirit and intent of the RCRA regulations. Specifically, Union Oil has made the two following basic interpretations.

- 1) Hazardous waste from a permitted wastewater treatment system is not subject to storage and treatment requirements (Part 264) until the hazardous waste is removed from the totally enclosed treatment system.
- 2) Listed chemicals used for laboratory analyses and discharged to a permitted wastewater treatment system are not subject to treatment requirements (Part 264).

When, and if, guidance is forthcoming from EPA in the Federal Register, Union Oil will amend its interim status application (if necessary) to make it consistent with EPA's interpretation. In the absence of any direction to the contrary from EPA, Union Oil will continue to operate within the above interpretation.

Very truly yours,

H. D. Haas, Supervisor
Environmental Services

LDerchull/sp

I. EPA I.D. NUMBER
1LD041550567

II. FACILITY NAME
UNION OIL CO OF CALIFORNIA*

V. FACILITY MAILING ADDRESS
NEW AVE & 135TH ST
LEMONT, IL 60439

VI. FACILITY LOCATION
NEW AVE & 135TH ST
LEMONT, IL 60439

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP UNION OIL CO. OF CALIF.; CHICAGO REFINERY

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

B. PHONE (area code & no.)

2 HAAS H. D. SUPV. ENVIRON. SERVICES 312 257 7761

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 135th STREET & NEW AVENUE

B. CITY OR TOWN

C. STATE

D. ZIP CODE

4 LEMONT

IL

60439

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 135th STREET & NEW AVENUE

B. COUNTY NAME

WILL

C. CITY OR TOWN

D. STATE

E. ZIP CODE

F. COUNTY CODE

6 LEMONT

IL

60439

197ak

SIC CODES (4 digit, in order of priority)

A. FIRST

B. SECOND

9 1 1 (specify) Petroleum Refining

C. THIRD

D. FOURTH

OPERATOR INFORMATION

A. NAME

UNION OIL CO. OF CALIF.; CHICAGO REFINERY

B. Is the name listed in Item VIII-A also the owner?

☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other", specify.)

F = FEDERAL
S = STATE
P = PRIVATE

M = PUBLIC (other than federal or state)
O = OTHER (specify)

P (specify)

D. PHONE (area code & no.)

3 1 2 2 5 7 7 6 1

E. STREET OR P.O. BOX

35th STREET & NEW AVENUE

F. CITY OR TOWN

LEMON

G. STATE

IL

H. ZIP CODE

6 0 4 3 9

IX. INDIAN LAND

Is the facility located on Indian lands?

☐ YES ☒ NO

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

N I L 0 0 0 1 5 8 9

D. PSD (Air Emissions from Proposed Sources)

9 P

B. UIC (Underground Injection of Fluids)

U

E. OTHER (specify)

(specify)

C. RCRA (Hazardous Wastes)

R

E. OTHER (specify)

(specify)

I. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: B150

II. NATURE OF BUSINESS (provide a brief description)

A - Petroleum refining and related activities.

F9: A151

B - Process crude oil to finished petroleum products such as gasoline, fuel oils, and other miscellaneous products.

III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)

R. F. Nootbaar
Senior Vice President/Eastern Region

B. SIGNATURE

R. F. Nootbaar

C. DATE SIGNED

11/6/80

COMMENTS FOR OFFICIAL USE ONLY

APPLICATION APPROVED		DATE RECEIVED (yr, mo, & day)		
23		24		24

COMMENTS

Place an "X" in the appropriate box in A or B below (*mark one box only*) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR NEW FACILITIES,
PROVIDE THE DATE
(yr., mo., & day) OPERA-
TION BEGAN OR IS
EXPECTED TO BEGIN

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day)
OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED
(use the boxes to the left)

YR.		MO.		DAY	
73	74	75	76	77	78

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (*including its design capacity*) in the space provided on the form (*Item III-C*).

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1, AMOUNT – Enter the amount.

2. **UNIT OF MEASURE** — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (<i>barrel, drum, etc.</i>)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

<u>Disposal.</u>		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR
		HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR
		LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

Treatment:

TANK

SURFACE IMPOUNDMENT

INCINERATOR

OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)

PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
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T01	GALLONS PER DAY OR LITERS PER DAY
T02	GALLONS PER DAY OR LITERS PER DAY
T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR

T04 GALLONS PER DAY OR
LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET.	A
HECTARE-METER.	F
ACRES.	B
HECTARES.	Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		C		T/A		C		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100	
1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100									
A. PRO- CESS CODE (from list above)		B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY		A. PRO- CESS CODE (from list above)		B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY																																																																																																																																																																																																					
1. AMOUNT (specify)		2. UNIT OF MEA- SURE (enter code)		1. AMOUNT		2. UNIT OF MEA- SURE (enter code)																																																																																																																																																																																																									
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V. DESCRIPTION OF HAZARDOUS WASTES

EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

SAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NUMBER	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA ID NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W I L D 0 4 1 5 5 0 5 6 7 3 1													W DUP 3 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
W NO	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES														
											1. PROCESS CODES (enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1))														
1	K	0	5	1	1825 000				T		D 8 1 S 0 4														
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EPA I.D. NO. (enter from page 1)

I L D 0 4 1 5 5 0 5 6 7 T/A C
2 13 14 15 3 6

FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6: B/55

PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6: A/56

FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4 1 3 9 0 0 0

0 8 8 0 3 0 3 6 3 0 0

FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

R. F. Nootbaar

Senior Vice President/Eastern Region

R. F. Nootbaar

11/6/80

OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

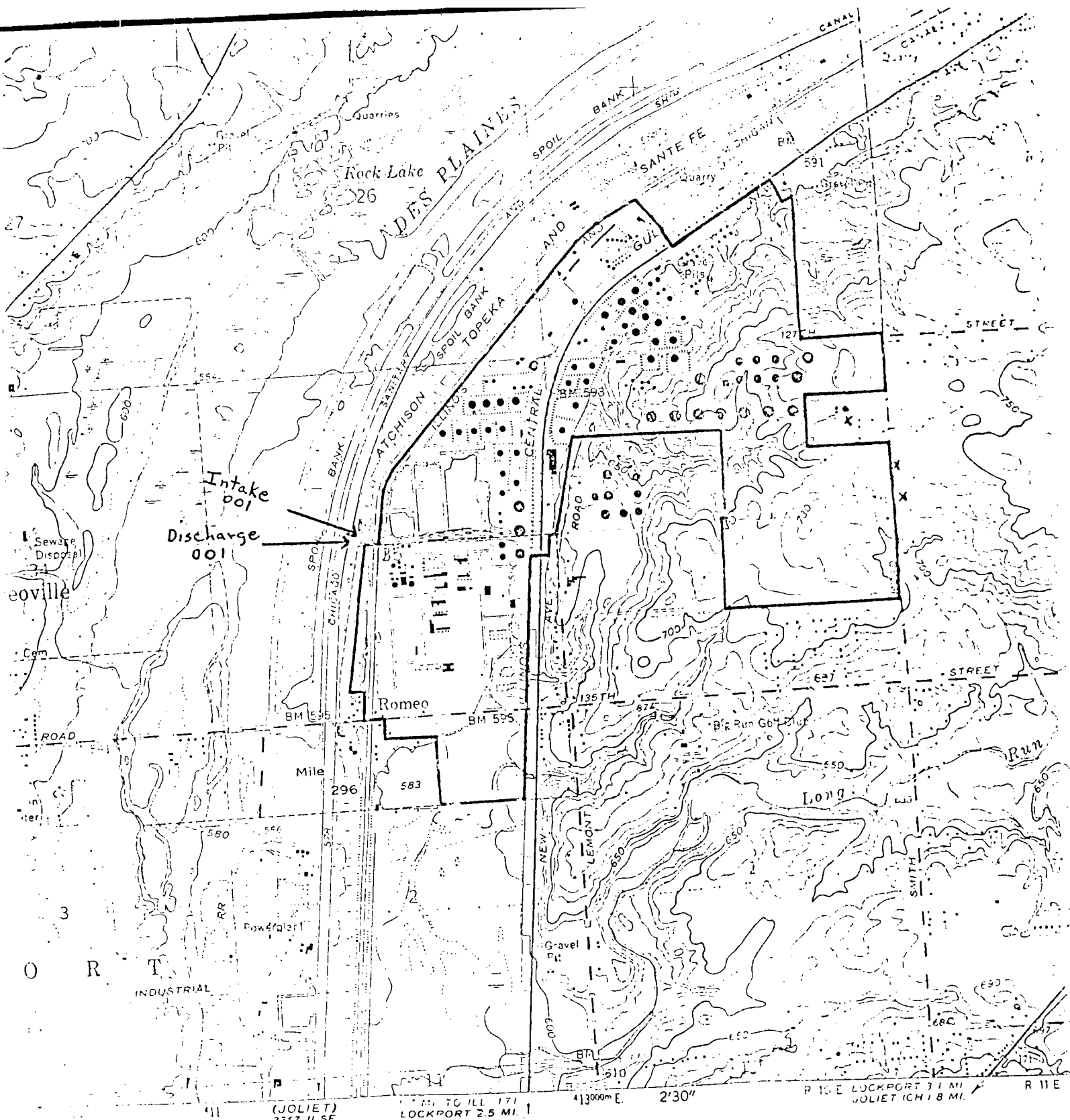
A. NAME (print or type)

B. SIGNATURE

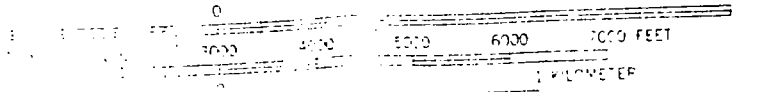
C. DATE SIGNED

Shown on Attached Refinery Map.

61



SCALE 1:24,000



CONTOUR INTERVAL 10 FEET
 DOTTED LINES REPRESENT 5 FOOT CONTOURS
 DATUM IS MEAN SEA LEVEL



QUADRANGLE LOCATION

THIS MAP WAS MADE WITH NATIONAL MAP ACTUARY STANDARDS
 FOR SALE BY THE GEOLOGICAL SURVEY, WASHINGTON, D. C. 20242
 AND BY THE STATE GEOLOGICAL SURVEY, URBANA, ILLINOIS 61801
 A COMPLETE LIST OF THE MAPS AND SOME OF THEM AVAILABLE ON REQUEST

— = Property Boundary
 X = Drinking Water Well